

**THE POLISH-AMERICAN MEDICAL SOCIETY
IN CHICAGO**

APPLICATION FOR SCHOLARSHIP

**Closing date for submission – January 15 each year
Announcement of awards - May 15 each year**

1. Name: _____

2. Mailing address: _____

Telephone: (_____) _____ - _____

E- Mail: _____

3. Permanent address: _____

Telephone: (_____) _____ - _____

4. Current address: _____

Telephone: (_____) _____ - _____

5. Country of birth: _____

6. Date of birth: _____

7. Marital Status: __Single __Married __Divorced __Widowed

8. Residency status: __U.S. Citizen __U.S. Resident __Polish Citizen __Other (explain)

9. Family background

Father's name: _____

Date of birth: _____

Place of birth: _____

Ethnic background: _____

Occupation: _____

Present address: _____

Telephone: (_____) _____ - _____

Mother's name: _____

Date of birth: _____

Place of birth: _____

Ethnic background: _____

Occupation: _____

Present address: _____

Telephone: (_____) _____ - _____

If married, husband's name or wife's given & maiden name:

Date of birth: _____

Place of birth: _____

Ethnic background: _____

Occupation: _____

Present address: _____

Telephone: (_____) _____ - _____

10. School History

Institutions - High School & above	From	To	Degree Received	Date	Study Major	Study Minor

11. Enrollment status: Full time Part time

12. Student will be enrolled as a: (check all that apply)

- New student Fourth year Medicine
 First year Graduate Dental
 Second year Undergraduate Veterinary
 Third year Returning student Other (specify) _____

13. Name of college or university:

What is your present major? _____

What degree(s) are you pursuing? _____

Current G.P.A. _____

If first year student, list your high school G.P.A. _____

What are your present educational and professional plans?

What fellowships or financial grants do you presently hold, if any?

14. If you are currently studying for a doctorate, what is the proposed title of your dissertation?

15. Is the scholarship you seek, to be used at a school other than that which you are currently attending?

Yes No

If yes, name of school:

Describe your proposed course of study

What other scholarships or grants will you receive, or for what other grants are you applying?

How much financial aid do you expect to receive for the academic year?

How much financial aid will you receive monthly from your parents or other sources?

16. List honors and distinctions you have achieved as a student.
(Use additional paper if necessary)

17. Have you had any articles, theses or books published? If so, please indicate their titles, place and date of publication. (Use additional paper if necessary)

18. How would you rate your knowledge of Polish?

None Poor Fair Good Excellent

19. What have been your interests and activities outside your schoolwork or professional activities?
(Use additional paper if necessary)

20. List two (2) professors under whom you have studied or two (2) authorities in your field who can attest to your academic or professional ability, from whom you will request letters of recommendation.

Name: _____

Title or position: _____

Address: _____

Telephone: (_____) _____ - _____

Name: _____

Title or position: _____

Address: _____

Telephone: (_____) _____ - _____

21. In addition to the required two passport photos 1 ½” x 1 ½” (print your full name on the reverse side of each), you must send two (2) letters of recommendation (which should be signed originals, on letterhead) and an official transcript from your current school. If not presently enrolled in any school, send transcript from the last school, which you did attend.

Response to the following essay question must be typed on a separate sheet.

22. To what extent have you participated in Polish – American activities, and how has your involvement impacted you?

I certify that all the information supplied by me on this application is true and correct to the best of my knowledge. In the event that I have furnished any false information in this application, I understand and agree that I will be ineligible for the scholarship award and that I must return any money granted to me for such award. I have also enclosed the necessary transcripts, letters of recommendation, and a check or money order for the **\$25** non-refundable processing fee.

Date

Signature

Print name here